00556

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH · COUNTY: Howard — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): Fells Ave

3. NAME OF DECEASED (Type or Print)	(First) Herbert	(Middle) D	(Last) Baker	4. DATE OF DEATH	(Month) Jan. (Day) 5, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 5-3-1896	9. AGE last birthday: 53 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimore	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: George W. Baker	14. MOTHER'S MAIDEN NAME: Sarah Hawkins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: 215-05-6029	17. INFORMANT: Consclo Baker, Ellicott City, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 year
	(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Polyarthritis - acute	4 months

331K

83a

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION: -	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1949, to Jan 5, 1950, that I last saw the deceased alive on 1-5, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
George E. Burgtorf. M.D.	Ellicott City. Md.	1-6-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1-9-50	NAME OF CEMETERY OR CREMATORY: Western Star	LOCATION (City, town, or county) (State): Catonsville, Md.
DATE REC'D BY LOCAL REG.: Jan. 6, 1950	REGISTRAR'S SIGNATURE: John B. Loughran Pu. B.E.L.	24. FUNERAL DIRECTOR: F.C. Higinbothom, Ellicott City, Md.	ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

00557

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1935 Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1935 Railroad Ave COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Md.
STREET ADDRESS (If rural, give location) 1935 Railroad Ave

3. NAME OF DECEASED (Type or Print) (First) John (Middle) S (Last) Chaney
4. DATE OF DEATH (Month) 1 (Day) 26 (Year) 1950

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept 13. 1877
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mach Foreman
10b. KIND OF BUSINESS OR INDUSTRY B&O RR.
11. BIRTHPLACE (State or foreign country) Elkridge.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. Chaney.
14. MOTHER'S MAIDEN NAME Frances. Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Martha R. Reigle

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of chest — INTERVAL BETWEEN ONSET AND DEATH Inst

976

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164c

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Elkridge (COUNTY) Howard Co (STATE) Md
TIME OF INJURY (Month) Jan (Day) 26 (Year) 1950 (Hour) 8 15 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suicide by shotgun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Alpha N Herbert M.D. (Degree or title) ADDRESS Ellicott City Md DATE SIGNED 1-26-50

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 1/30/50
NAME OF CEMETERY OR CREMATORY Meadowridge Cem
LOCATION (City, town, or county) Boonsby, Md (State) Md

DATE REC'D BY LOCAL REG. 1/27/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John J. Cowan & Son ADDRESS 901 Hollins St

98847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00558

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; MARYLAND; LENGTH OF STAY (in this place) 35 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susan	Walsh	Curry	Jan.	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Jan 25 1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Buttonwillo Virginia	USA

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no —		Mrs. B. Curry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insuff.	3 days.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis generalized	2 yrs.
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan. 3rd 19..., to Jan. 14th 1950, that I last saw the deceased alive on Jan. 14, 1950 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Shipley	M. D.	Savage Md.	1/15/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/16/50	Savage Cemetery	Savage, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/15/50	Frank Shipley.	DeWitt Donaldson	Laurel, Md.

VS. A15

RECEIVED
JAN 18 1950
BUREAU T. S.

50 0655
75
76

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hobson Grove; LENGTH OF STAY (in this place) 75; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Somerville (Middle) Anderson (Last) Worrall

4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan 29 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Hobson Grove Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Worrall

14. MOTHER'S MAIDEN NAME: Elizabeth Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Maitland R. Worrall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage & Hemiplegia — Interval Between Onset and Death: 5 days

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vas. Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8th, 1950, to Jan. 13th, 1950, that I last saw the deceased alive on Jan. 13th, 1950, and that death occurred at 10 30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D. Savage, Md. 1/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 15/50 — NAME OF CEMETERY OR CREMATORY: Hobson Grove — LOCATION (City, town, or county) (State): Ellicott City Md

DATE REC'D BY LOCAL REG. 1/15/50

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR: Wm. Frank Hloredaker — ADDRESS

1567 M

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00560

CERTIFICATE OF DEATH

Reg. Dist. No. 198

1. PLACE OF DEATH:

County: Howard

City or town: Elkridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, Institution, or street address where death occurred:
5701 old Washington Blvd

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: R.F.D. Elkridge
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5701 Old Washington Blvd.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Elsie Virginia Hagenbaker

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: John Harris Hagenbaker

6.(c) If alive, give age: 5 years

7. Birth date of deceased (mo., day, yr.): March 24 - 1902.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
47	10	4		

9. Birthplace: Baston Md
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Housewife

FATHER
12. Name: Noah Neal
13. Birthplace: Wales

MOTHER
14. Maiden name: Margaret Davison
15. Birthplace: England

16. Informant: Mrs. John H. Hagenbaker
Address: 5701 old Washington Blvd Elkridge, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan. 31 - 1950 (month) (day) (year)

Cemetery or crematory: Laurel Hill Cemetery.

Location: Baston - Md.

18. Funeral director: Charles J. Schwab.

Address: 3512 - Frederick, Ave.

19. 1/30 1950 D.W. Hedrick Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 28 1950, at 12 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 44, to Jan 28 1950 and that I last saw h alive on Jan 28 1950

Immediate cause of death	DURATION
a. Acute coronary occlusion,	1 day
Due to b. Chronic Hypertensive Heart Disease	10 yrs
Due to c. Diabetes Mellitus Toxic Thyroid Goiter	2 yrs 2 mos

Other conditions: Myocardial Infarction 360X Chronic Kidney Disease

(Include pregnancy within 3 months of death)

Major findings of operations: Hysteroidectomy Date of op. March 1944

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. B. Brayman Dawson M. D. or other

Address: 5609 main St Date signed: 1/31/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00561

CERTIFICATE OF DEATH

Reg. Dist. No. 192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Hebron — LENGTH OF STAY (In this place) 65 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Hebron
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elijah (Middle) — (Last) Hackett

4. DATE OF DEATH (Month) Jan. (Day) 24 (Year) 1950

5. SEX M — 6. COLOR OR RACE Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH July 6 1880 — 9. AGE last birthday 69 yrs. — If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer — 10b. KIND OF BUSINESS OR INDUSTRY — — 11. BIRTHPLACE (State or foreign country) Md. — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James Hackett — 14. MOTHER'S MAIDEN NAME Sarah Jane —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. — (If yes, give war or dates of service) No. — 16. SOCIAL SECURITY NO. None — 17. INFORMANT Mr. Melvin E. Hackett - Glenelg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure — 15 mins

420.1 94.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary artery disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1947, to Jan 24, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Charles S. Whitaker, M.D. — Clarksville, Maryland — Jan 24, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 1-27-50 — NAME OF CEMETERY OR CREMATORY Busby Park — LOCATION (City, town, or county) (State) Cooksville, Md.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE Alice M. Hebb — 24. FUNERAL DIRECTOR — ADDRESS C. A. Weer - Sykesville, Md.

18899

RECEIVED
JAN 30 1950
BUREAU V. S.

00562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Vance Frank Hood
4. DATE OF DEATH (Month) (Day) (Year): January 25 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 9, 1881
9. AGE last birthday: 68 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Paint
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Hood
14. MOTHER'S MAIDEN NAME: Rachael Franklin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Nora Hood - Lisbon, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Acute Uremia — 3 da

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Left sided hemiplaegia — 16 mo

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Jan. 25, 1950, that I last saw the deceased alive on Jan. 24, 1950, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE: J Stanley Grabill — (Degree or title): M.D. — ADDRESS: Mt. Airy, Md. — DATE SIGNED: 1/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-28-50 — NAME OF CEMETERY OR CREMATORY: Oak Grove — LOCATION (City, town, or county) (State): Glenwood, Md.
DATE REC'D BY LOCAL REG.: Jan. 27, 1950 — REGISTRAR'S SIGNATURE: E. Pearl Mercier
24. FUNERAL DIRECTOR: C. H. Weer - Sykesville, Md. — ADDRESS:

340 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1950
BUREAU V. B.

Evidence for change of birth date re phone call to Dr. Fisher's office.

00563

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

FILM No. G 125 MAY 1 1950

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY: HOWARD COUNTY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fulton
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): Hardscrabble

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	Frederick	MAUCK	January	22,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	2-17-1801 1861	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Rio, W. Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick Mauck	William W. Mauck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No ____	None	Wm. Mauck Fulton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
976X Immediate cause	(a) Gunshot wound of head	
164c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple (2) gunshot wounds of chest	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Son's Home	Fulton,	Howard County,	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
January 22, 1950 m.		Firearms (Shot self with .22 rifle)

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Russell L Fisher MD	700 Fleet Street	Jan. 23, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/24/50	New Salem Cem	Near Hagerstown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/23/50	A. W. Hedrick	A. K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

00564

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel (rural)
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 2017 N. 20th St.

3. NAME OF DECEASED (Type or Print) (First) Gilbert (Middle) (Last) Stevenson
4. DATE OF DEATH (Month) (Day) (Year) 1-7-1950 19

5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-1-1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Steveson
14. MOTHER'S MAIDEN NAME Margaret Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 186-03-3314
17. INFORMANT Effie G.Steveson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of Cervical vertebra,
~~Antecedent cause(s)~~ Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right Hip, both tibiae &
(c) fibulae, both mandibles — Inst.

810.5
170 c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) near Laurel, (COUNTY) Howard Co (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1 7 50 6 33 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by motor vehicle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Alpha N Herbert MD. (Degree or title) ADDRESS Ellicott City Md DATE SIGNED 1-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-12-50
NAME OF CEMETERY OR CREMATORY Soldiers National Cem.
LOCATION (City, town, or county) (State) Beverly, N.J.

DATE REC'D BY LOCAL REG. 1-11-1950
REGISTRAR'S SIGNATURE John B. Loughran. Pu B.E.L.
24. FUNERAL DIRECTOR F.C. HIGINBOTHOM, ADDRESS ELLICOTT CITY, Md.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00565

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — Rural
LENGTH OF STAY (In this place): 20yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Guilford Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City — Rural
STREET ADDRESS (If rural, give location): Guilford Road

3. NAME OF DECEASED (Type or Print): (First) Charles St.Clair (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) 1-2- (Day) (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4-25-1890	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Howard County, Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chas. A.Thompson	Caroline Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	?	Mrs.Emma B.Thompson,Ellicott City,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

350 **Immediate cause** (a) Paralysis Agitans — 10 yrs

87c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy ☐, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Alpha N. Herbert (Degree or title) MD — ADDRESS: Ellicott City Md — DATE SIGNED: 1-2-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-4-50	Loudon Park	Baltimore, Md.

DATE RECD BY LOCAL REG. 1/3/50 — REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR — ADDRESS: F.C.Higinbothom, Ellicott City, Md.

98599

RECEIVED
JAN 10 1950
BUREAU V. S.

00566

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Los Angeles
STREET ADDRESS ? (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) E. LEE (Last) TURNER
4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Oct 6, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Laurel Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Turner
14. MOTHER'S MAIDEN NAME Elizabeth Scaggs.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Family

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	15 yrs
	(c) —	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Alpha N Herbert MD ADDRESS Ellicott City Md DATE SIGNED 1-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1-3-50
NAME OF CEMETERY OR CREMATORY Bond Family
LOCATION (City, town, or county) Laurel Md (State)
DATE REC'D BY LOCAL REG. 1/3/50
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md ADDRESS

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00567

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

Evidence for change of age, shown on FILM No. G 123 JAN 10 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City Rural; LENGTH OF STAY (In this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City Rural; STREET ADDRESS (If rural, give location): Columbia Road

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) (Last) WILSON

4. DATE OF DEATH: (Month) (Day) (Year) 1-1-50 19

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-11-1878

9. AGE last birthday: ~~72~~ 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howard County Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Wilson

14. MOTHER'S MAIDEN NAME: Fannie Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Isabelle Wilson, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 1 hr

131 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease — 10 yrs

(c) Chronic nephritis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS: Alphonso Herbert M D Ellicott City Md — DATE SIGNED: 1-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-5-1950 — NAME OF CEMETERY OR CREMATORY: St. Stephens — LOCATION (City, town, or county) (State): Elkridge, Md

DATE REC'D BY LOCAL REG.: Jan. 3, 1950 — REGISTRAR'S SIGNATURE: John B. Loughman. Pro. B. E. L.

24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15A

7889

RECEIVED
JAN 6 1950
BUREAU V. S.